

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5460AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2009
NAME OF PROVIDER OR SUPPLIER GOLDEN SUNSHINE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8333 JEREMIAH LODGE AVE LAS VEGAS, NV 89131		
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Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/20/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 072 SS=E	449.196(3) Qualications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with	Y 072		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 2 NAC 441A.375 regarding tuberculosis testing (Employee #3, and #5) for the protection of all residents. Employee #3 provided evidence of a positive tuberculosis (TB) test 4/23/08, failed to provide evidence of a negative x-ray and an annual signs and symptoms form. Employee #3 failed to provide evidence of a pre-employment physical. Employee #5 failed to provide evidence of a pre-employment physical or a two step TB test. Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/20/09, the facility failed to ensure 4 of 6 employees had criminal history background checks completed (Employee #2, #3, #4 and #5). Findings Include: Employee #2 and #3 failed to provide evidence of a signed criminal history statement and a state and FBI background check. Employee #4 and #5 failed to provide evidence of a signed criminal history statement, fingerprints and a state and FBI background check.	Y 105		

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Y 105	Continued From page 3 Severity: 2 Scope: 3	Y 105			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and record review on 10/20/09, the facility failed to post a current menu and keep on file for 90 days. A menu was posted for one week of meals but not dated. The facility failed to keep menus on file for 90 days. Interview with Employee #4 revealed the facility failed to follow the posted menu because the food for the documented meals was unavailable. Resident #1 stated she did not like the food in the facility. Resident #3 stated he felt the facility served too many beans, and would like a greater variety of food choices. Severity: 1 Scope: 3	Y 272			
Y 321 SS=D	449.220(2)(a)(b) Bedroom Doors - Single Motion Locks NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if:	Y 321			

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Y 321	Continued From page 4 (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times. This Regulation is not met as evidenced by: Surveyor: 28276 Baaed on observation on 10/20/09, the facility failed to ensure 1 of 5 closet doors was equipped with a single motion lock. The closet in the master bedroom was equipped with a double motion lock. Severity: 2 Scope: 1	Y 321		
Y 356 SS=D	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/20/09, the facility failed to ensure 1 of 3 bathroom doors was equipped with a single motion lock. The bathroom nearest to the front door was equipped with a double motion lock.	Y 356		

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Y 356	Continued From page 5	Y 356			
	Severity: 2 Scope: 1				
Y 445 SS=F	449.229(10) Exit doors NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/20/09 the facility failed to ensure 2 of 3 exit doors were not equipped with with a lock that required a key to open it from the inside. The front door and the rear door of the facility were equipped with a lock that required a key to open it from the inside. Severity: 2 Scope: 3	Y 445			
Y 450 SS=E	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an	Y 450			

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Y 859	Continued From page 7 This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/20/09, the facility failed to ensure 3 of 6 residents received a physical prior to admission (Resident #1, #4 and #5). Severity: 2 Scope: 2	Y 859			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 10/20/09, the facility failed to ensure 1 of 6 residents received medications as prescribed (Resident #3). Findings Include: Resident #3 was prescribed Atenolol 25 milligrams (mg) one tablet by mouth every day. The facility failed to have any medication on site.	Y 878			

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Y 878	Continued From page 8 The facility failed to document when medications were given to the resident on a medication administration record. Employee #1 called the pharmacy and the medication will be available for pick up tomorrow. Resident #3 was prescribed Dovonex 0.005% cream, apply a thin layer to affected areas two times a day. The tube of cream on site was empty. The facility called the pharmacy and the medication will be available for pick up tomorrow. Severity: 2 Scope: 1	Y 878		
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/20/09, the facility failed to ensure the medication administration record (MAR) was accurate for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Interview with Employee #2 revealed the facility failed complete a medication administration record for	Y 898		

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Y 898	Continued From page 9 all residents for October 2009. Severity: 1 Scope: 3	Y 898		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/20/09, the facility failed to ensure 4 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2, #4 and #5) which affected all residents. Resident #1, #2 and #5 failed to provide documentation of a two step tuberculosis (TB) test. Resident #4 failed to provide evidence of a second step TB test. Severity: 2 Scope: 3	Y 936		
Y 991 SS=E	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756	Y 991		

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Y 991	Continued From page 10 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/2009, the facility failed to ensure 1 of 3 exit doors was equipped with operational door alarms. Interview with Employee #2 revealed the exit doors were linked with the household alarm system. The alarm on the front door and garage door chimed when opened. The rear door of the facility failed to sound when opened. Employee #2 stated when windows in the facility were opened the rear door was not alarmed. Severity: 2 Scope: 2	Y 991		
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Surveyor: 28276	Y 992		

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Y 992	Continued From page 11 Based on interview and record review on 10/20/09, the facility failed to ensure a caregiver was awake and on duty at all times. The facility failed to provide a staff schedule. Interview with Employee #2 revealed he woke up once each night to check on the residents. Employee #4 stated no one was awake all night. Severity: 2 Scope: 3	Y 992			
Y 994 SS=D	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/20/09, the facility failed to ensure tools and a cigarette lighter were inaccessible to the residents. A screwdriver and pliers were found in a drawer of a chest in the hall. A cigarette lighter was found on the patio table in the backyard. Severity: 2 Scope: 1	Y 994			
Y1035 SS=F	449.2768(1)(a)(1) Dementia Training 449.2768	Y1035			

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Y1035	<p>Continued From page 12</p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/20/09, the facility failed to ensure a minimum of 2 hours of training related to the care of residents with any form of dementia, was received within 60 days of hire by 4 of 6 employees (Employee #2, #3, #4, and #5).</p> <p>Findings Include: Resident #2 was hired 4/1/09 and failed to provide evidence of dementia training. Resident #3 was hired May, 2009 and failed to provide evidence of dementia training. Resident #4 was hired 4/5/09 and failed to provide evidence of dementia training. Resident #5 was hired May, 2009 and failed to provide evidence of dementia training.</p> <p>Interview with Employee #1 confirmed Employee #2, #3, #4 and #5 failed to complete 2 hours of</p>	Y1035			

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Y1035	Continued From page 13 dementia training within 60 days of hire. Severity: 2 Scope: 3	Y1035			

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